Montana Children's Trust Fund
2016-2017 Grant Renewal Application

Complete the Montana Children's Trust Fund's grant renewal application below, making sure to enter information into each field. The DEADLINE for the complete report is April 28, 2016. Renewals WILL NOT BE CONSIDERED if received after 11:59 PM on April 28, 2016. Submit this report to jpetersen@mt.gov and mlavinder@mt.gov. Include IMPORTANT 2016-2017 Grant Renewal Proposal in the subject line. You may call Jamey at 444-3002 or Melissa at 444-6936 if you have any questions. Contractors will be notified of acceptance or denial of their grant renewal on or before May 19, 2016. The renewal contract period will be July 1, 2016 to June 30, 2017. The contract in its entirety may not exceed 3 years from the original contract date.

➢ Be sure to read all instructions. (Note that there are 11 total sections)
➢ Answer each prompt individually in the order listed. This is a fillable form. You will be able to move between questions by pressing the "Tab" key or by clicking in each text field.
➢ Use all templates provided.
➢ One signed original **MUST** be mailed to Jamey Petersen at PO Box 4210, Helena, MT 59601 and be received no later than May 2, 2016. **If the hard copy is not received on or before May 2, 2016, your application for renewal WILL NOT BE CONSIDERED.**
➢ All answers should be in **BLUE** and 13 point font. Do NOT submit answers in all CAPS. Questions should remain in **BLACK**.
➢ Incomplete proposals and proposals not submitted in the format requested WILL NOT BE CONSIDERED. It is the sole responsibility of the contractor to ensure submission.

Organization: _____ **Project/Program Name:** _____

Organizational Administrator/Title: _____

Email: _____ Phone: _____ Fax:_____

Address (include city): _____

Program Manager/Coordinator(s): _____

Phone: _____ Email: _____ Address (include city): _____

List Counties Served: _____

List previous grant cycles funded by MT CTF: _____

2015-2016 Funds Awarded: $_____

2016-2017 Funds Requested: $_____

By signing the 2016-2017 Grant Renewal Application, I certify that all of the information in this document is to the best of my knowledge true, correct, and complete.

_____ _____
Signature   Date:

_____ _____
Typed/Printed Name   Title

1. **Numbers Served** July 1, 2015 to April 8, 2016

Unduplicated Numbers who received direct preventive services: 6/1/15 to 4/8/16

Population	#	Population	#	Population	#
Children		Parents/caregivers		Families	
Children with disabilities		Parents/caregivers with disabilities			

Indicate how many of the individuals counted above fit into each category below. Use estimates if you do not have the information. If you cannot make a reasonable estimate, please indicate that with an X.

Category	#	Cannot estimate (X)
Homeless families or families at risk for homelessness		
Adult victims of child abuse or domestic violence		
Unaccompanied homeless youth		

Collaborations & Outreach: 6/1/15 to 4/8/16

Population	#	Population	#	Population	#
Children		Parents/caregivers		Families	
Children w/ disabilities		Parents/caregivers with disabilities		Professionals	

Using the categories below, indicate how many of the individuals projected above fit into each category below. If you cannot make a reasonable estimate, please indicate that with an X.

Category	#	Cannot estimate (X)
Homeless families or families at risk for homelessness		
Adult victims of child abuse or domestic violence		
Unaccompanied homeless youth		

Provide a brief rationale for the numbers served. Provide an explanation for each category you were unable to estimate.

2. **Projected Numbers to be served July 1, 2016 to June 30, 2017**

Unduplicated Numbers to receive direct preventative services: July 1, 2016 to June 30, 2017

Population	#	Population	#	Population	#
Children		Parents/caregivers		Families	
Children with disabilities		Parents/caregivers with disabilities			

Using the categories below, indicate how many of the individuals projected above fit into each category below. If you cannot make a reasonable estimate, please indicate that with an X.

Category	#	Cannot estimate (X)
Homeless families or families at risk for homelessness		
Adult victims of child abuse or domestic violence		
Unaccompanied homeless youth		

Collaborations & Outreach: July 1, 2016 to June 30, 2017

Population	#	Population	#	Population	#
Children		Parents/caregivers		Families	
Children w/ disabilities		Parents/caregivers with disabilities		Professionals	

Using the categories below, indicate how many of the individuals projected above fit into each category below. If you cannot make a reasonable estimate, please indicate that with an X.

Category	#	Cannot estimate (X)
Homeless families or families at risk for homelessness		
Adult victims of child abuse or domestic violence		
Unaccompanied homeless youth		

Provide a brief rationale for the numbers projected. Provide an explanation for each category you were unable to estimate.

3. **Achievement of outcomes**
   The logic model submitted with your last application identified outcomes and how you were going to measure them. Complete the information below for **6/1/15 to 4/8/16**. **Include goals and objectives from your original proposal for funding.**

   I.   **Population:** What was your target population? Were you successful in recruiting and retaining consumers? Why or why not? How many did you plan to serve? How many did you actually serve? What changes will you make related to identifying a target population, recruiting and maintaining them in your program?

   II. **Services:** Describe the services you selected. Why were they selected? What were the assumptions, research, and experience that you used in choosing services? (Draw upon the "Assumptions" piece of the logic model from your original proposal). Were you pleased with the service model you selected? Why or why not? Did you implement the service model as you originally intended? Explain any deviations from your original model. What future changes do you plan to make in your program's services based on what you learned in implementing your services?

   III. **Outcomes:** Report on outcomes by using the *Outcome Reporting Table* below. Be concise. Do not exceed one page per outcome, although you may attach relevant tables, graphs or charts to illustrate your results. Do not submit raw data or completed parent surveys although one blank copy of your survey(s) should be included in the report.

Instructions for use of table: (You should not exceed 1 page for each outcome reported on, although you may attach charts or tables to illustrate the findings.)

Outcome: State the outcomes from your **original** logic model. Mark each outcome as short term, intermediate, or long term.

Indicators: State the indicators from your **original** logic model.

Measurement: After each outcome and set of indicators, briefly describe how you evaluated its achievement. If you used a specific measurement tool, such as a survey, name the tool and attach a copy of it to this report.

Findings: What were the **quantifiable** results from your evaluation efforts? (Example: 80% of the participants reported a reduction in the use of corporal punishment. 94% increased the amount use of positive reinforcement, etc.). You will discuss these findings in greater detail in section IV. Quantify your findings when possible. Attach applicable tables and/or charts.

Outcome Reporting Table Reporting period: 6/1/15 to 4/8/16

Goal/Outcome #_____ [1, 2, 3 . . .] ☐short term ☐intermediate ☐long-term
Indicators:
Measurement:
Findings:

Discussion of Evaluation findings:

Describe successes and shortcomings in goal and outcome achievement. How were your outcomes related to your service implementation? How will your evaluation results be used by the agency? Include plans for future service delivery to improve on current results.

When possible, use qualitative data to help explain findings and conclusions.

Outcome Reporting Table Reporting period: 6/1/15 to 4/8/16

Goal/Outcome #_____ [1, 2, 3 . . .] ☐ **short term** ☐ **intermediate** ☐ **long-term**	
Indicators:	
Measurement:	
Findings:	

Discussion of Evaluation findings:

Describe successes and shortcomings in goal and outcome achievement. How were your outcomes related to your service implementation? How will your evaluation results be used by the agency? Include plans for future service delivery to improve on current results.

When possible, use qualitative data to help explain findings and conclusions.

Outcome Reporting Table Reporting period: 6/1/15 to 4/8/16

Goal/Outcome #_____ [1, 2, 3 . . .] ☐**short term** ☐**intermediate** ☐**long-term**	
Indicators:	
Measurement:	
Findings:	

Discussion of Evaluation findings:

Describe successes and shortcomings in goal and outcome achievement. How were your outcomes related to your service implementation? How will your evaluation results be used by the agency? Include plans for future service delivery to improve on current results.

When possible, use qualitative data to help explain findings and conclusions.

Outcome Reporting Table Reporting period: 6/1/15 to 4/8/16

Goal/Outcome #_____ [1, 2, 3 . . .] ☐ **short term** ☐ **intermediate** ☐ **long-term**	
Indicators:	
Measurement:	
Findings:	

Discussion of Evaluation findings:

> Describe successes and shortcomings in goal and outcome achievement. How were your outcomes related to your service implementation? How will your evaluation results be used by the agency? Include plans for future service delivery to improve on current results.

> When possible, use qualitative data to help explain findings and conclusions.

4. **Logic Model:** Complete a logic model **using the standard template provided** on the next page. A logic model **<u>must</u>** be a true reflection of the program or services to be funded by the Montana Children's Trust Fund (MT CTF) during the 2016-2017 grant cycle. Because this is an application for renewal of funding, it is intended to be more streamlined and concise than the initial application for funding from the MT CTF.

2016-2017 Logic Model (Instructions)

Title of Your Project

Goal (long-term impact, long-term outcome): Your goal statement is a reflection of the purpose behind your actions. All activities and outcomes should contribute to the achievement of your goal.

Population: A description of the population your program is targeting for services. Lifespan Respite Grantees may be targeting both individuals (e.g. caregivers, care recipients) and organizations (e.g. Area Agency on Aging, State Health Department, etc.). You may also indicate the needs of the target population that you intend to address through your services.

Services (outputs)	Outcomes	Indicators	Measurement

Services (outputs)

State what you will do to achieve your outcomes. What approaches, activities, or strategies will you offer?

Because a logic model is generally limited to one page, you will not be able to go into detail, but provide enough information for a reader to get the gist of your services.

Resources (inputs)

Demonstrate that you have the means to provide services as described. Include funding, in-kind services and existing infrastructure. You can identify secured resources as well as resources being sought.

You may also specify less tangible resources, such as relationships with partners. If it is important to service delivery or programming, consider including it here.

Outcomes

Describe how the target population's beliefs, behaviors, and status will change as a result of your services. In determining outcomes, ask, "What is the desired change our services will bring about?" Outcomes should always be measurable.

Outcomes may be broken into three broad categories: *short-term, intermediate (or intermediate-term)* and *long-term.*
Please list no more than 4 primary outcomes in this section

Indicators

Indicators are concrete descriptions of what you would see or hear as evidence that an outcome is achieved.

They provide a direct link to the data you need to collect and the tool or tools you will use to measure it. Indicators are often expressed in either numbers or percentages.

Each outcome should have at least one or two indicators. Indicators can operationalize and define the outcome. They clarify what is meant by the outcome and what you plan to measure.

You will be accountable for measuring your indicators, therefore they need to be something you can see, hear, count or otherwise measure. If you don't have a way to measure an indicator, it's best not to include it.

Measurement

The tools used to capture information about whether or not an outcome has been achieved. Your measurement tools need to be tied directly to your indicators.

Measurement tools can be simple, such as a check-list a caregiver keeps to record how respite was used, or tally sheets used to count the number of referrals received.

They can also be more complicated types of surveys, tests and observational assessments. Some may require a high level of skill and training to use.

Selected measurement tools should be directly related to one of more of your indicators.

Assumptions (Rationale)

Your assumptions are the reasons you believe the services you offer will bring about the desired outcomes. The services you offer should be based on what is most likely to be effective. Briefly describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.)

2016-2017 Logic Model

Goal (long-term impact, long-term outcome):
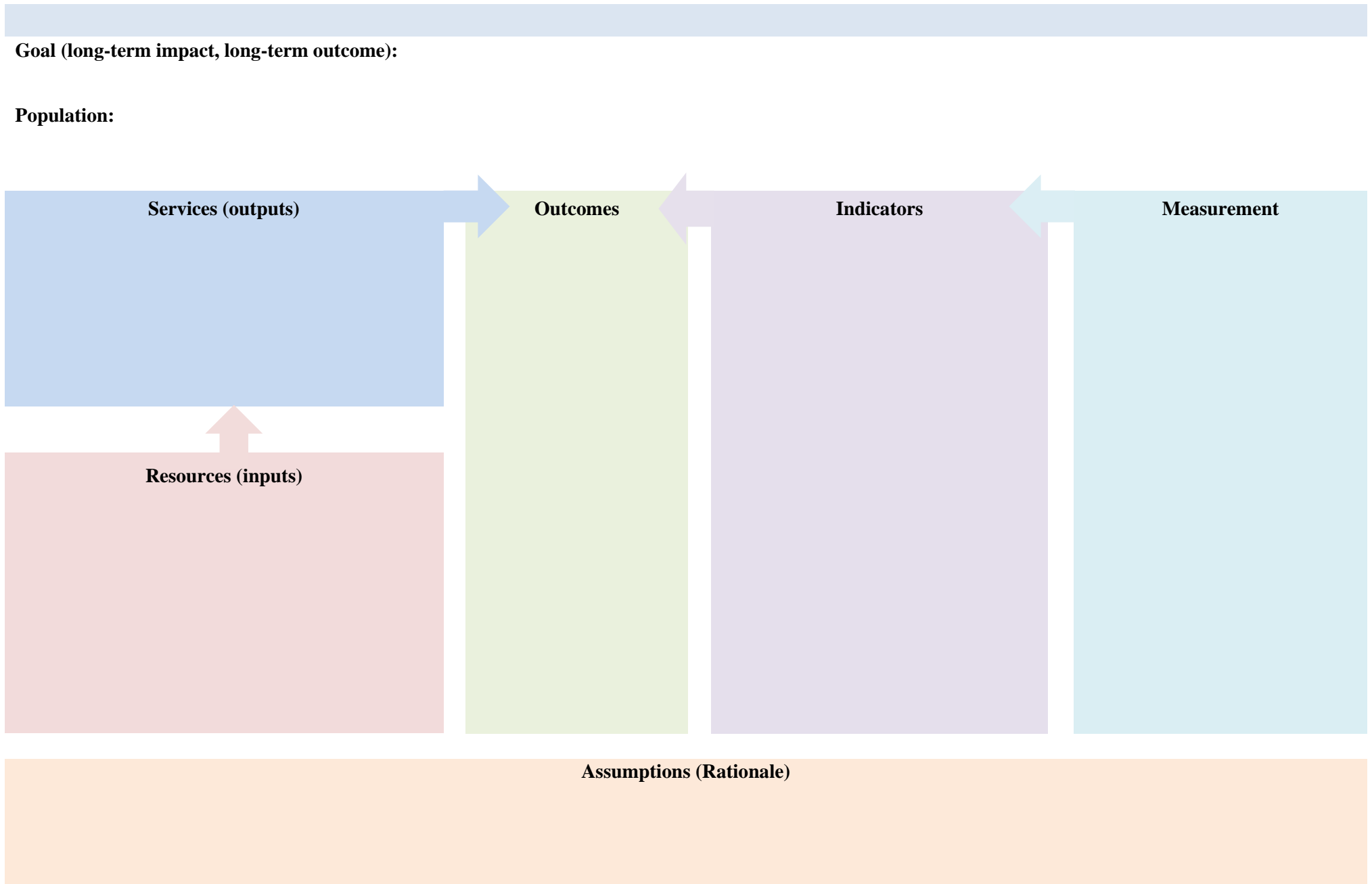
Population:

Services (outputs)	Outcomes	Indicators	Measurement

Resources (inputs)

Assumptions (Rationale)

5. **Project Overview (for July 1, 2016-June 30, 2017)**
   Write a ***brief and concise overview*** of the project or projects for which funds are requested. This narrative must not exceed a total of **3 pages** (for parts a-g):
   a. Need: The need for the services in your community. Use local data.

   b. Population: The population targeted to receive your services. Include the projected numbers to be served and the reasons you are targeting this population.

   c. Goals, Outcomes and Indicators: Projected goals, outcomes and their indicators. **Note:** Although your logic model will be limited to no more than 4 outcomes, in this narrative, you may identify secondary outcomes you expect your services to achieve.

   d. Measurement: How will you measure or evaluate whether or not you have achieved your outcomes?

   e. Services: What specific activities will occur that will lead to achieving your outcomes?

   f. Describe the evidence-base assumptions (rationale) that suggest your services will achieve the outcomes set. Briefly describe the rationale for using the particular intervention, including factors such as "lessons learned" for similar projects previously tested in your community, or in other areas of the country and factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.).

   g. Resources/Infrastructure:
      i) What do you already have (staff, space, experience, etc.) that will enable you to provide services as you intend.

      ii) What do you need to ensure your services can be provided as intended?

6. **Engagement**
   a. *How has* the program engaged (2015-2016) and *how will* the program engage (2016-2017) parents as program participants and as leaders in shaping policy and program activities? Describe success and challenges you have had with this in the past (2015-2016). How will you address these challenges (2016-2017)?
   2015-2016:

   2016-2017:

   b. *How has* the program engaged (2015-2016) and *how will* the program engage (2016-2017) the community? Describe your collaborative efforts with other partners, programs, etc. in your area and beyond (2015-2016 and 2016-2017). (Include Awareness Month and other activities)
   2015-2016:

   2016-2017:

7. **Sustainability**
   a. What have you done to improve the program's sustainability (2015-2016)?

b. State your plan and timeline for sustainability for funding beyond Montana Children's Trust Fund support (2016-2017 and beyond)?

8. Financial Statement (2015-2016)

List sources of funding and amounts of Hard Cash Match and In-Kind Match received for the MT CTF funded program.

If you have not met your match, explain the circumstances; what your efforts are to meet the match projected in your original proposal; and if you expect to reach your match before the end of the year.

How much of your MT CTF grant have you expended to date?

How much of your MT CTF grant remains to be expended?

Do you project that you will expend the MT CTF grant in its entirety? ☐Yes ☐No

If no, what amount of your MT CTF grant do you anticipate not being spent?
(Please note that the CTF grant may NOT be rolled forward into the next fiscal year and that all MT CTF grant funds must be spent on or before June 30, 2016.)

9. Cost Proposal (Budget)
Provide a line item budget and a narrative for **July 1, 2016-June 30, 2017** for your program.

Use the template below to prepare your line item budget. Itemize the hard cash and in-kind match separately from the MT CTF Line Item Budget. Matching funds are as follows: 25% required for year two, 40% required for year three. Matching funds can be a 50/50 combination of hard cash and in-kind contributions in the **subsequent** years (year 2 or later) of funding. The MT CTF Budget categories and amounts will be the amounts you will use for each budget category on the Contractor Financial Report.

CATEGORY	A MT CTF GRANT FUNDING	B HARD CASH MATCH	C IN-KIND MATCH	D TOTAL (A+B+C)
Personnel& Fringe				
Space/Rental				
Telephone				
Postage				
Consumable Supplies				
Printing				
Travel				
Parent Leadership				
Training/outreach				
Other Costs (specify)				
Administrative Fee				
TOTAL				

Describe **in detail** each budget line item in each category of expenditure. The Budget Narrative **must** accompany and reflect all of the Budget Line Item Table. The Budget Narrative explains each budget line Item in detail and uses average market rates for items such as printing and/or publications and volunteers. Explain the source and identity of the hard cash match and/or in-kind match. The budget narrative shall also include a section explaining the source and identity of matching funds.

Personnel & Fringe. Time and attendance records must be maintained on site and be available upon request.
    a. List names of all staff funded by, in whole or partial, with MT CTF Funds. Costs must tie to personnel used to implement the MT CTF funded program/project.
    b. Include how salary rates were determined.
    c. Describe what is included in fringe benefits.
    d. Provide the travel and per diem costs, showing all calculations for projected costs. Relate all travel costs directly to project activities.

    e. If subcontractors and/or consultants are used, the budget narrative must explain in detail the calculation of personnel costs and the direct association with activities performed. Include the functions the subcontractors and/or consultants will perform.

Space/Rent. MT CTF funding does not typically cover rent. If rent is a budget line item, include a detailed description of the reasoning. The request will be evaluated on a case-by-case basis. In most cases, classify rent as an In-kind match.

Telephone.

Postage.

Consumable Supplies. Items costing less than $250 should be budgeted as consumable supplies. The MT CTF Board typically does not fund equipment, such as computers, copiers, etc.

Printing.

Travel.

Parent Leadership.

Training/Outreach. Describe.

Other Costs. Describe.

Administrative Fees. Administrative fees are limited to 10% of the total budget requested. You may classify any additional administrative fees as either a hard cash match or in-kind match.

Hard Cash Match and In-kind Match. Matching funds help programs develop sustainability in the community. Use the cited formula, taking into consideration the percentage match variable in the formula. Matching funds may not be from Federal sources.

10. **Changes/Challenges (2015-2016 and foreseeable 2016-2017)**
   Provide a list of any changes/challenges, including but not limited to relevant personnel, location, status, etc. Changes in staff/leadership require a full explanation to show how your organization will meet the requirements of the contract without interruption.

11. **Other information**
   a. Share 1-2 stories from the 2015-2016 grant cycle that paint a picture of the impact your work has on those you serve.

   b. Attach **any** pictures, newsletters, artwork, clippings, etc of your efforts over the 2015 2016 grant cycle. Including but not limited to April Awareness Activities.